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|--------------------------|------------------------------------|------------------------|----------------------|
| SERFF Tracking Number: | UFFL-125659489 | State: | Arkansas |
| Filing Company: | United Home Life Insurance Company | State Tracking Number: | 39088 |
| Company Tracking Number: | 200-356 6-08 | | |
| TOI: | L08 Life - Other | Sub-TOI: | L08.000 Life - Other |
| Product Name: | 200-356 6-08 | | |
| Project Name/Number: | / | | |

Filing at a Glance

Company: United Home Life Insurance Company

Product Name: 200-356 6-08

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: UFFL-125659489

SERFF Status: Closed

Co Tr Num: 200-356 6-08

Co Status:

Author: Karen Hynes

Date Submitted: 05/22/2008

State: ArkansasLH

State Tr Num: 39088

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 05/28/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed concurrently with our state of domicile, Indiana.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/28/2008

State Status Changed: 05/28/2008

Corresponding Filing Tracking Number:

Filing Description:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Attached please find the form referenced below for your review and approval.

Form 200-356 6-08 is a children's level term insurance rider which provides a benefit if an insured child dies subject to the terms of the rider. There is a charge for this rider.

Form 200-356 6-08 is new and replaces form 200-356 3-02 approved by your department April 12, 2002. The differences between the form enclosed and that previously approved are: a) the mortality table referenced in the Paid-

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Up Term Insurance provision has been updated to the Commissioners 2001 Standard Ordinary Ultimate Mortality Table; and b) we clarified in the Termination of Rider provision when a child's coverage will terminate.

We hereby certify we are in compliance with Ark. Code Ann. 23-79-138 and Regulation 49 and this submission meets the provisions of Rule 19.

We reserve the right to make any typographical corrections, or make minor revisions to the appearance of the forms due to printing constraints.

If you have any questions or need any additional information, please feel free to contact me at 317.692.7465 or by email at Karen.Hynes@infarmbureau.com.

Company and Contact

Filing Contact Information

| | |
|------------------------|------------------------------|
| Karen Hynes, | karen.hynes@infarmbureau.com |
| 225 S East | (317) 692-7465 [Phone] |
| Indianapolis, IN 46202 | |

Filing Company Information

| | | |
|------------------------------------|-------------------------|----------------------------|
| United Home Life Insurance Company | CoCode: 69922 | State of Domicile: Indiana |
| 225 S. East St. | Group Code: | Company Type: LAH |
| Indianapolis, IN 46202 | Group Name: | State ID Number: |
| (317) 692-7465 ext. [Phone] | FEIN Number: 35-0841899 | |
| | ----- | |

Filing Fees

| | |
|------------------|---|
| Fee Required? | Yes |
| Fee Amount: | \$20.00 |
| Retaliatory? | No |
| Fee Explanation: | AR imposes a filing fee of \$20 for forms filed separately. |
| Per Company: | No |

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| <i>Project Name/Number:</i> | <i>/</i> | | |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|------------------------------------|---------|----------------|---------------|
| United Home Life Insurance Company | \$20.00 | 05/22/2008 | 20468950 |

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| Project Name/Number: | / | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------|------------|----------------|
| Approved | Linda Bird | 05/28/2008 | 05/28/2008 |

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| <i>Product Name:</i> | <i>200-356 6-08</i> | | |
| <i>Project Name/Number:</i> | <i>/</i> | | |

Disposition

Disposition Date: 05/28/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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| Project Name/Number: | / | | |

| Item Type | Item Name | Item Status | Public Access |
|---------------------|----------------------|-------------|---------------|
| Supporting Document | Certification/Notice | | Yes |
| Supporting Document | Application | | Yes |
| Form | Child /Rider | | Yes |

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Form Schedule

Lead Form Number: 200-356 6-08

| Review Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|--------------|--|---------|----------------------|-------------|------------------|
| | 200-356 6-08 | Policy/Cont Child /Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | 59 | 200-356 6-08.pdf |

UNITED HOME LIFE INSURANCE COMPANY
Indianapolis, Indiana

CHILD RIDER

General - This rider provides for level term insurance on the life of the insured's child. We will pay the amount of insurance in force under this rider at the child's death if:

- a. the child dies before this rider terminates;
- b. the child is at least 30 days old; and
- c. the child is less than 21 years old.

This rider is issued in consideration of the application and the payment of the first premium. This rider is attached to and becomes a part of the policy. Its benefit is subject to the terms of the policy and this rider.

Only our President or Secretary may change or waive the terms of this rider. Any changes or waivers must be in writing.

Definition of Insured - Insured means the person insured under the policy to which this rider is attached.

Definition of Child - Child means:

- a. a child, stepchild or legally adopted child of the insured who is so named in the application for this rider, and is not excluded by amendment;
- b. a child born to the insured after the date of application; or
- c. a child legally adopted by the insured after the date of application, but before the child's 19th birthday.

Definition of You - You means the owner of the policy.

Amount of Insurance - The amount of insurance in force is the amount shown for this rider in the Policy Specifications. Infants under 30 days of age are not covered.

Incontestability - We will not contest this rider after it has been in force during the insured's and the child's lifetime for two years from the policy issue date or the rider application date, whichever is later.

Misstatement of Age or Sex - If the insured's or child's age or sex is misstated, we will adjust the proceeds under this rider. The proceeds will be the amount the premiums paid would have purchased at the correct age and sex.

Suicide - If the insured or the child dies by suicide, whether sane or insane, within two years from the policy issue date or the rider application date, whichever is later, the proceeds will equal the premiums paid for this rider less any indebtedness.

Premiums - The premium for this rider and the number of years for which the premium is payable are shown in the Policy Specifications.

Reinstatement - If you apply to reinstate the policy, you may also apply to reinstate this rider. You must send evidence satisfactory to us of the insurability of each child to be covered.

Beneficiary - You will be the beneficiary. In order to collect the proceeds, you must be surviving on the earlier of: the date proof satisfactory to us of a child's death is received by us, or the 14th day after the child's death. If you are not surviving, the proceeds will be paid to the deceased child's estate.

Paid-Up Term Insurance - All coverage on each child insured under this rider will continue as nonparticipating paid-up term insurance if:

- a. the insured dies while this rider is in force; and
- b. the face amount of the policy becomes payable by reason of the insured's death.

Each child's coverage will expire on the child's attained age 21. Each child will be the owner of his or her own paid-up policy.

After the child reaches age 18 the paid-up term insurance may be surrendered for its cash value. The cash value will be the present value of the paid-up term insurance. The present value is based on the Commissioners 2001 Standard Ordinary Ultimate Mortality Table. Calculations are based on the maximum interest rate allowed by law.

Term Period - The first rider term period begins on the rider date and ends on the next anniversary of the policy date. Succeeding periods will be for one year.

Exchanges - Each child may exchange his or her term insurance for a new policy on or before the exchange date. The new policy must be issued on a plan then available for exchange purposes. The new policy must meet our minimum age and amount standards then in effect. Before the child reaches age 18, only you can make this exchange. This must be done on or within 31 days of:

- a. the child's 21st birthday; or
- b. the date this rider terminates, whichever is earlier.

The new policy will be issued without asking for evidence of the child's insurability.

The exchange request must be in writing. The exchange will be effective when it is approved at the home office. The new policy will begin on the new policy date. The child's coverage will cease on this rider at the time the new policy starts.

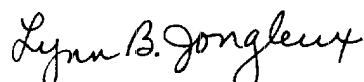
The premiums for the new policy will be those charged on the new policy date. They will be for the plan and amount of insurance at the child's then attained age. The risk classification will be the same as this rider.

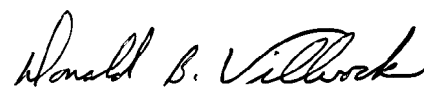
The adding of any rider to the new policy needs the issuing company's consent and evidence of insurability.

Termination of Rider - This rider will terminate:

- a. if you request it in writing;
- b. if the policy or rider premium is not paid by the end of the grace period;
- c. if the policy terminates or expires;
- d. if the policy is continued as extended term or reduced paid-up insurance;
- e. if the policy is at the end of the premium paying period; or
- f. on the policy anniversary at the insured's attained age 65.

While this rider is in force, the level term insurance on any Child will terminate on the Child's 21st birthday.


Secretary


President

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

05/20/2008

Comments:

Additional certifications are included in the filing description in the General Information tab.

Attachment:

Readability Certification - 200-356 6-08.pdf

Review Status:

Satisfied -Name: Application

05/20/2008

Comments:

Attachment:

200-359.pdf



CERTIFICATION

I hereby certify the following score on the Flesch Reading Ease Test.

Form 200-356 6-08

Score 58.9

Date: 5/22/08

Carl L. Shepherd
Carl L. Shepherd
Senior Vice President
United Home Life Insurance Company



APPLICATION for CHILD RIDER

United Home Life Insurance Company

P.O. Box 7192

Indianapolis, IN 46207-7192

1-800-428-3001

United Home Life Insurance Company

Child Rider Application

Application is hereby made for Child Rider to be provided by supplementary provision or agreement attached to and made part of

Any policy to be issued on application dated _____

Policy No. _____ } on the life of (hereinafter referred to as Insured)

| 1. Full name of children of Insured, including legally adopted children and stepchildren, who are under age 19 | Relationship to Insured | Date of Birth* | Place of Birth (State or Country) | Ht. | Wt. |
|--|-------------------------|----------------|-----------------------------------|-----|-----|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

***PLEASE NOTE: No coverage is afforded infants under 30 days.**

2. Child Rider Amount ☐ \$5,000 ☐ \$10,000 ☐ \$15,000 ☐ \$20,000 *Total amount of Child Rider coverages cannot exceed \$20,000*

| 3. In the past 5 years has any child named in Question 1 had: Any consultation or treatment by any physician or practitioner; examination in a clinic, hospital, dispensary, or sanitarium; any disease, ailment, injury or complaint which caused loss of time from school or work; any surgical operation, x-ray, electrocardiogram or other special tests, or been told there is a need for them? | YES | NO |
|---|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the past 10 years has any child named in answer to Question 1 had any deformity, impairment, abnormality or ailment of eyes, ears, arms, legs, brain, nervous system, heart, blood pressure, circulation, chest, lungs, digestion, kidneys, bladder or any other part of body, or been treated for a mental or nervous disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has any child named in answer to Question 1 been declined, postponed, limited, or had a policy issued other than as applied for on any life or health insurance or reinstatement thereof? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the insurance applied for intended to replace any insurance in this or any other company? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Give full details to questions requiring additional explanation. | | |

Insured's Supplementary Statements and Certificate of Health (Complete only if this is an addition to an existing policy)

| | | |
|--|--------------------------|--------------------------|
| 1. Exact Height-Weight _____ Ft. _____ In. _____ Lbs. Has weight changed more than 10 lbs in past year? If yes, amount of increase _____ decrease _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Since the date of the original application has the Insured had: Any consultation or treatment by any physician or practitioner; examination in a clinic, hospital, dispensary, or sanitarium; any surgical operation, x-ray, electrocardiogram, or other tests, or been told there is a need for them? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Name of physician Insured last consulted: _____ Address _____ Why consulted _____ Give name and address of family physician if different from above _____ | | |
| 4. Has Insured ever: Been exempted, or discharged as unfit, from military service; applied for or received any kind of disability compensation; or had an application for life or health insurance declined, postponed, limited, or issued other than as applied for? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Give full details to questions requiring additional explanation. | | |

I hereby apply for the insurance indicated above and I am submitting the first premium. The statements on this application are true to the best of my knowledge and belief. I understand that my policy will be effective on the date it is issued by the company.

I declare that I have read and received a copy of the Fair Credit Reporting Act/Medical Information Bureau Notice.

AUTHORIZATION

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, or the Medical Information Bureau or other organization, institution, or person, that has any records or knowledge of me or my dependents or our health, to give the United Home Life Insurance Company or its reinsurer(s) any such information. I understand that I am giving permission to release medical information which may include treatment of physical and/or emotional illness, communicable diseases, alcohol or drug abuse treatment and/or HIV, AIDS, or AIDS-related information.

I understand that United Home Life Insurance Company may require that I submit to an HIV (HTL VIII) Screen; I authorize that test for underwriting purposes.

A photographic copy of this authorization shall be as valid as the original. This release may be used for any legitimate insurance purpose for up to two (2) years from the date the contract is issued.

WARNING

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

\$ _____ paid with application.

Dated _____, this _____ day of _____, _____
City State Month Year

X _____ X _____
Signature of Owner (if other than Proposed Insured) Signature of Proposed Insured

To the best of my knowledge and belief the insurance applied for herein is ☐ is not ☐ intended to replace or change any existing life insurance or annuity coverage.

X _____ X _____
Printed Agent Name Agent's Signature

Agent Code _____ Agent E-mail _____

Agent: Phone # _____ Fax# _____ License Identification Number () _____
State

If you do not receive your Policy within 60 days from the date of your application, please write to UNITED HOME LIFE INSURANCE COMPANY, P.O. Box 7192, Indianapolis, Indiana 46207-7192
*Check or money order must accompany. All premium checks must be made payable to United Home Life Insurance Company.
Do not make check or money order payable to the agent or leave the Payee blank.

200-359 3-02

PLEASE DETACH AND GIVE TO APPLICANT

FAIR CREDIT REPORTING ACT/MEDICAL INFORMATION BUREAU NOTICE

In compliance with the provisions of the FAIR CREDIT REPORTING ACT, this notice is to inform you that in connection with your application for insurance an investigative consumer report may be prepared. Such a report includes information as to the consumer's character, general reputation, personal characteristics, and mode of living and is obtained through personal interviews with friends, neighbors, and associates of the consumer. Upon written request, a complete and accurate disclosure of the nature and scope of the report, if one is made, will be provided.

Information regarding your insurability will be treated as confidential. United Home Life Insurance Company or its reinsurer(s) may, however, make a brief report thereon to the MEDICAL INFORMATION BUREAU, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the MIB's file, you may contact the MIB and seek a correction in accordance with the procedures set forth in the federal FAIR CREDIT REPORTING ACT. The address of the MIB's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number 866-692-6901 (TTY 866-346-3642 for hearing impaired).

United Home Life Insurance Company or its reinsurer(s) may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

200-359 3-02

